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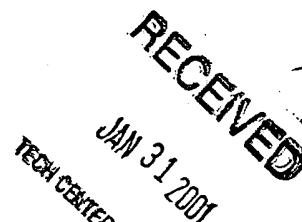
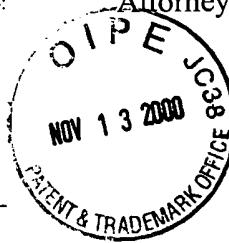
PATENT

Attorney Docket No.: 048781-002710US

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Assistant Commissioner for Patents Washington, D.C. 20231
on Nov. 9, 2000

TOWNSEND AND TOWNSEND AND CREW LLP

By: Jeanine K. Handi



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

McGee *et al.*

Application No.: 09/606,433

Filed: June 28, 2000

For: **COMPOUNDS FOR THE MODULATION OF PPAR_γ ACTIVITY**

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

Examiner: Not Assigned

Art Unit: 1614

REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Attached is a copy of the official Filing Receipt received from the Patent and Trademark Office in the above-noted application for which issuance of a corrected filing receipt is respectfully requested.

There is an error in that the continuing data is incorrect. Please correct the continuing data to read as follows:

THIS APPLN CLAIMS BENEFIT OF 60/141,672 06/30/1999

The correction is due to the PTO error and no fee is due. However, if a fee is due please charge to the Deposit Account No. 20-1430.

Respectfully submitted,

William B. Kezer
Reg. No. 37,369

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SF 1158109 v1

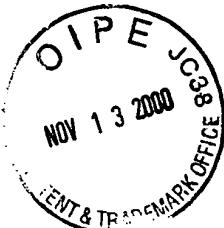


UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/606,433	06/28/2000	1614	0	18781-002710US		54	1

William B Kezer
Townsend and Townsend and Crew LLP
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San Francisco, CA 94111-3834



Date Mailed: 10/12/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Lawrence R. McGee, Pacifica, CA ;
Jonathan B. Houze, San Mateo, CA ;
Steven M. Rubenstein, Pacifica, CA ;

Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/073,042 01/29/1998
~~WHICH CLAIMS BENEFIT OF 60/141,672 06/30/1999~~

Foreign Applications

If Required, Foreign Filing License Granted 10/11/2000

Title

Compounds for the modulation of PPARy activity

Preliminary Class

514

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10/12/2000
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10/11/00

Data entry by : HINES, BRENDA

Team : OIPE

Date: 10/12/2000





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Title 37, Code of Federal Regulations, 5.11 & 5.15

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- The articles such as "a," "an" and "the" are not included as the first words in the title of an application. They are considered to be unnecessary to the understanding of the title.
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Bib Data Sheet

CONFIRMATION NO. 6127

#5

SERIAL NUMBER 09/606,433	FILING DATE 06/28/2000 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 18781-002710US
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APPLICANTS

Lawrence R. McGee, Pacifica, CA;
Jonathan B. Houze, San Mateo, CA;
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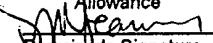
** CONTINUING DATA *****

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** FOREIGN APPLICATIONS *****

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** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING	TOTAL CLAIMS 54	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged  Examiner's Signature Initials	Allowance			

ADDRESS

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TITLE

Compounds for the modulation of PPARy activity

FILING FEE RECEIVED 590	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing E. time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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